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CONFIRMATION NO. 4029

<b>SERIAL NUMBER</b> 10/009,532	<b>FILING OR 371(c) DATE</b> 12/12/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 2551-1001	
<b>APPLICANTS</b> Roberto Villa, Panama City, PANAMA; Massimo Pedrani, Panama City, PANAMA; Mauro Ajani, Panama City, PANAMA; Lorenzo Fossati, Panama City, PANAMA;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP00/05356 06/09/2000 <b>** FOREIGN APPLICATIONS *****</b> ITALY MI99A001317 06/14/1999 ITALY MI2000A000422 03/03/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PANAMA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 466					
<b>TITLE</b> CONTROLLED RELEASE AND TASTE MASKING ORAL PHARMACEUTICAL COMPOSITIONS					
<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		